IPE	W	PART B -	FEE(S) TRA	NSMITTAL		/
Complete and sen	d this form, together		or <u>Fax</u>	Commissioner for P.O. Box 1450 Alexandria, Virg (571)-273-2885	or Patents ginia 22313-1450	
INSTRUCTIONS: This f appropriate All further co dindicated hilless corrected maintenance fee notification	orm should be used for tra orrespondence including the below or directed otherwisens.	nsmitting the ISSUE Patent, advance order e in Block 1, by (a) s	FEE and PUBLI rs and notification pecifying a new	CATION FEE (if required of maintenance fees to correspondence address	nired). Blocks I through 5 will be mailed to the current; and/or (b) indicating a sep	should be completed when it correspondence address a parate "FEE ADDRESS" for
CURRENT CORRESPONDEN	ICE ADDRESS (Note: Use Block 1 fo			Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
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	03 76:00	, v.		Mary	& Curch	(Signature)
				06/06	1/2006	(Date)
APPLICATION NO.	FILING DATE	FIR	ST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/916,652	07/30/2001		Martin Birk		03493.00253	8496
BASED ON RF BLOCK-C	ONVERSION OF RF SER	/ICE BANDS WITHI	N WAVELENGT	H BANDS	DM PASSIVE OPTICAL N	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	00 \$300		\$1700	06/07/2006
EXAMINER		ART UNIT		ASS-SUBCLASS		
PHAN,	2638	638 398-071000		•		
"Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.	lence address (or Change of 22) attached. ion (or "Fee Address" Indica or more recent) attached. Use	tion form resident control of a Customer 2 is	2) the name of a single firm (naving as a memoer a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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a. The following fee(s) are			-	- Z Marvidaar G Co	ipolation of other private gre	oup entity Government
Desuc Fee			ment of Fee(s): A check in the am	ount of the fee(s) is enc	losed.	
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Advance Order - # of	Copies		The Director is her Deposit Account N	eby authorized by char- jumber 01-2-24	ge the required fee(s), or created	dit any overpayment, to a copy of this form).
a. Applicant claims SN	from status indicated above) 1047 ENTITY status. See 3 s requested to apply the Issue	7 CFR 1.27.	o. Applicant is no	longer claiming SMAL	L ENTITY status, See 37 CI	FR 1.27(e)(2)
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